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Barriers and opportunities in studying: Disability and reality checks

Throughout my undergraduate degree I was unaware (or should I say in denial) of the extent of my disability and the way in which it was affecting me. I immersed myself in the student lifestyle and denied anything threatening my ability to lead a full, although somewhat chaotic life of a 'normal' student.

Seven years later, I accepted a place on the clinical psychology doctorate programme with a knot in my stomach and a paralysing fear about whether I was capable of working at doctorate level. This is not uncommon, although for me this was complicated by disability that is both pervasive and invisible. By this time my insight was sharper and my pseudo-anosagnosia had diminished. I became acutely aware of my own complex needs.

The Disabled Rights Commission define disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.' As you read this you may not have previously identified yourself as a disabled person, but my point here is to highlight the reality of what it means to be a disabled person studying on one of the most coveted courses of all, the clinical psychology doctorate programme.

Whispers and rumours led me to believe that to attain 'equal opportunities' was nigh on impossible in any well established institution that has had no or little experience of individuals with 'different needs.' I don't consider my needs to be 'special', they are different. In some cases I have more needs than my peers, and in other cases I have less.

I recall contacting one institution during the months leading up to the Clearing House deadline, enquiring about current and recent experience of students with disabilities. To my annoyance, I was told that they currently do not have 'wheelchair access.' I am not a permanent wheel-chair user, but it was interesting to see old pre-judgements die hard.

I have found that clarity, and a cooperative yet assertive attitude enables me to work closely with academic and clinical staff, to shape my programme of study in a way that is meaningful, offering the same opportunities and rights an able-bodied student would expect. The issue of teaching and clinical aspects of the course being accessible to potentially any student has been taken seriously, and any misunderstanding about this is quickly clarified with any visiting lecturers or course/clinical tutors. I am pleased to say that the

criteria of absolute inclusion was driven more by the programme leaders than by people like me, stamping big feet like mine.

Although I still encounter ignorance and occasionally have my needs dismissed, I refuse to relent and give permission for anyone to make me feel inconvenient or uncomfortable about my disability, which is already very inconvenient and uncomfortable enough.

I would not knowingly be complicit in the degradation of a service-user based on any aspect of their physical health, mental health or any grounds to which they can be discriminated, so why should the rules be different when applied to ourselves? They simply should not. The consequences of this often means you have to stand up and be counted, face the fear of being 'difficult', and 'labelled'. I don't know anyone who isn't occasionally difficult or labelled, and I'm pretty sure that is not just about the company I keep.

I resolved to take a proactive role from my education from the outset and my enthusiasm has been matched; the University disabled students' office offer guidance and advice of the academic kind, and the disabled students allowance is commissioned to meet the financial needs of making life and learning simpler when it comes to study. A 'needs assessment' is available to all students at any level with a disability of any kind.

As human beings we all have pronounced needs from time to time. We all struggle with the barriers and the opportunities that present during the course of our lives. The Disability Discrimination Act 2005 has been developed to provide *equal* opportunities, and the first barrier is to stand up, be counted and be much more than a label.

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The recently published 'Clinical Psychology Training and Disability: Information, guidance and good practice guidelines' were developed by the BPS training strategy group division of clinical psychology to address issues faced by students with disabilities studying on the clinical psychology doctorate programme.

The document highlights examples of good practice and a range of recommendations that 'should' happen within training programmes.

Recommendations such as a mentoring scheme to match students with disabilities to qualified clinical psychologists could offer normalisation and reassurance that would go a lot further and have a more pervasive positive effect than statements of accessibility.

There have been mixed feelings about the 'two tick' guaranteed interview scheme that is touched upon in the guidelines and although every applicant would cease any opportunity to be at an advantage in a highly competitive field, never knowing whether you achieved an interview because you are

disabled or because you are outstanding can compound feelings of having 'special needs.' However, opinions differ on this. The idea of 'positive competencies' recognising that individuals with disabilities may offer additional competencies which are not academic or clinically developed is perhaps a preferable option. I would choose recognition for insight and personal experience rather than 'special treatment' and 'positive discrimination' every time.

As the document outlines, more research needs to be done, especially in exploration of what the preferred options would be, by asking the population of students with disabilities.

As stated within the document 'attitude is everything' and there will be those who still feel that disability issues don't apply to them, and to whom this will be just another document.

This is where testimonials of disabled students and standing up and making a difference count. This documentation as an offshoot of the disability discrimination act may be the beginning of an evolution of recommendations and gold standards, thankfully starting with good practice guidelines that boast insight and a thorough overview of barriers and opportunities in studying at trainee level.